

SERIAL NUMBER 09/285,639	FILING DATE 04/02/99	CLASS 711	GROUP ART UNIT 2751	ATTORNEY DOCKET NO. Y0998-467
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APPLICANT

JOSEPH L. HELLERSTEIN, OSSINING, NY.

de

CONTINUING DOMESTIC DATA***

VERIFIED

de

371 (NAT'L STAGE) DATA***

VERIFIED

de

FOREIGN APPLICATIONS***

VERIFIED

*de**de*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/27/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
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Verified and Acknowledged

AO Examiner's Initials

Initials

ADDRESS
WILLIAM E LEWIS
RYAN AND MASON
90 FOREST AVENUE
LOCUST VALLEY NY 11560

TITLE
SYSTEMS AND METHODS FOR AUTOMATED NAVIGATION BETWEEN DYNAMIC DATA WITH
DISSIMILAR STRUCTURES

FILING FEE RECEIVED \$814

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

All Fees
 1.16 Fees (Filing)
 1.17 Fees (Processing Ext. of time)
 1.18 Fees (Issue)
 Other _____
 Credit _____

APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/285, 639.	04/02/1999	707	2172	YO998-467

APPLICANT
JOSEPH L HELLERSTEIN, OSSINING, NEW YORK.

CONTINUING DOMESTIC DATA***
VERIFIED

N/A

371 (NAT'L STAGE) DATA***
VERIFIED

N/A

FOREIGN APPLICATIONS***

VERIFIED

N/A

FOREIGN FILING LICENSE GRANTED 04/27/1999

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	<i>X</i>	NY	5	23	3
Examiner's Name Initials					

ADDRESS

WILLIAM E LEWIS
RYAN, MASON & LEWIS, LLP
90 FOREST AVENUE
LOCUST VALLEY, NY 11560

TITLE

SYSTEMS AND METHODS FOR AUTOMATED NAVIGATION BETWEEN DYNAMIC DATA DISSIMILAR STRUCTURES

FILING FEE RECEIVED \$**814	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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